

## Foster Family Home - Corrective Action Report

Provider ID: 1-190071

Home Name: Walter Zafaralla, NA

Review ID: 1-190071-1

1542 Kamehameha IV Road

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 9/11/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 9/11/19. Corrective Action Report issued during home inspection with all items due to CTA by 10/1/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Personnel and Staffing

[11-800-41]

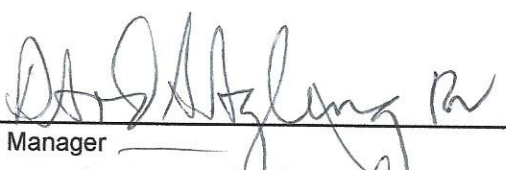
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

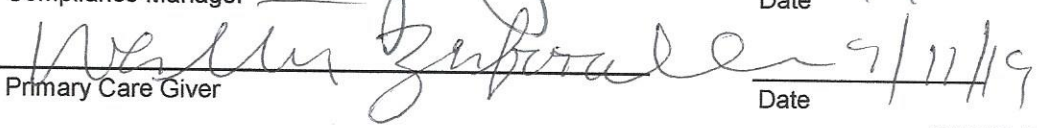
Comment:

41.(f)(1) - No current TB clearance for HHM #1.

41.(f)(2) - No current APS/CAN and fingerprints for HHM #1.

  
Compliance Manager

9/11/19  
Date

  
Primary Care Giver

9/11/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: WALTER ZAPARALLA

CCFFH Address: 1542 Kamehameha W Rd, Hon. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4.(f)(1)	HMM #1 moved out	9/26/2019	I will get all HMM's TB clearance when they move in.
4.(f)(2)	HMM #1 moved out	9/26/2019	I will get all HMM's APS/CAN and fingerprints when they move in.

Primary Caregiver's Signature: Walter Zaparalla

Print Name: WALTER ZAPARALLA

Date of Signature: 9/26/2019